

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7	1					
8		1				
9		1				
10	1					
11	1					
12		1				
13	1					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	6		6		6	
TOTAL DEP.	9		9		9	
TOTAL CLAIMS	15		15		15	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS